



**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

**21 SOUTH FRUIT STREET, SUITE 14
CONCORD, NEW HAMPSHIRE 03301**

Company Name: * _____

NAIC CoCode: * _____ Group Code: _____

Name of Company Contact: * _____

Address 1: * _____

Address 2: _____

City: * _____ State: * _____ Zip: * _____

Telephone: * _____ Ext: _____ Fax: _____

E-mail address: * _____

New Hampshire Complaints:

COMMERCIAL	INSURANCE DEPT	COMPANY
Commercial Auto		
Fire/Allied Lines		
Commercial Liability		
Workers Comp.		
Other		